

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Jc549 U.S. PRO  
09/378608  
06/20/99

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Dr. Wayne L. Ryan

For (title): HEMATOLOGY CONTROL AND SYSTEM FOR MULTI-PARAMETER  
HEMATOLOGY MEASUREMENTS

1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design)  
Application

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CERTIFICATION UNDER 37 C.F.R. 1.10\*

(Express Mail label number is mandatory.)

(Express Mail certification is optional.)

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United States Postal Service on this date 8/20/99, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EL3232383524US addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

JAMES F. KAMP

(Type or print name of person mailing paper)

Signature of person mailing paper

**WARNING:** Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

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13 Page(s) of Specification  
6 Page(s) of Claims

**B. Other Papers Enclosed**

1 Page(s) of abstract

**3. Declaration or Oath**

Not Enclosed.

Application is made by a person authorized under 37 C.F.R. 1.41(c) on behalf of the above-named inventor.

**4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**5. Language**

English

**6. Fee Calculation (37 C.F.R. 1.16)**

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$760.00
Total Claims (37 CFR 1.16(c))	32	- 20 =	12 x	\$18.00	\$240.00
Independent Claims (37 CFR 1.16(b))	7	- 3 =	4 x	\$78.00	\$312.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$310.00	\$310.00

Filing Fee Calculation \$1,622.00

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee \$1,622.00

Total Fees Enclosed \$1,622.00

**8. Method of Payment of Fees**

Charge Account No. 18-0013 in the amount of \$1,260.00.  
A duplicate of this transmittal is attached.

**9. Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge any necessary or additional fees, and the following additional fees, by this paper and during the entire pendency of this application to Account No. 18-0013.

37 C.F.R. 1.16(a), (f) or (g) (filing fees)

37 C.F.R. 1.16(b), (c) or (d) (presentation of extra claims)

37 C.F.R. 1.16(e) (surcharge for filing the basic filing fee and/or declaration on a date later than the filing date of the application)

37 C.F.R. 1.17(a)(1)-(5) (extension fees pursuant to § 1.136(a))

37 C.F.R. 1.17 (application processing fees)

37 C.F.R. 1.18 (issue fee at or before mailing of Notice of Allowance, pursuant to 37 C.F.R. 1.311(b))

#### **10. Instructions as to Overpayment**

Credit Account No. 18-0013.



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SIGNATURE OF PRACTITIONER

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